Government of Puerto Rico
Office of the Commissioner of Insurance

ANNUAL REPORT OF BUSINESS TRANSACTED BY NONRESIDENT PRODUCERS FOR YEAR 20_____

Calendar Year Ended: **December 31, 20_____**

Social Security Number: _____

Name of Licenseholder: _____

License Number: _____

Policy Number	Insured	Effective and Maturity Date	Insurer with Which Business was Placed	Resident Producer of Puerto Rico or General Agent through Whom Business was Placed	Premium Charged	Commissions Received
Note: If the cells provided in this report are not sufficient to submit all the data, please add more lines to this table. Otherwise, please reproduce this table in order to include every transaction within this report.						
Total					**$ -**	**$ -**

I hereby certify that this is a complete report of all insurance business placed by the subscriber upon subjects of insurance located or to be performed in Puerto Rico during the aforesaid calendar year. I further declare that all policies were placed.

_____
President or Vice President (Printed Name)

_____
(Signature)

_____
Date

_____
E-mail

_____
Phone Number

_____
Fax Number